

PARALEGAL SPECIALIST
DESIGNATED OFFICIAL
(703) 305-6483

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM FD-978)

PARALEGAL NO. _____
FILING DATE _____

APPLICANT(S) _____

CLAIMS			CLAIMS		
AS FILED	AFTER 1st AMENDMENT	AFTER 2nd AMENDMENT	IND.	DEP.	IND.
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*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS U.S. DEPARTMENT OF JUSTICE